

<b>Case Number:</b>	CM14-0066719		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/26/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, low back pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of February 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty; opioid therapy; a cane; and topical compounded medications. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for a consultation to consider a functional restoration program. The claims administrator stated that the applicant was not motivated to return to the workforce, having been off of work for seven years. The claims administrator stated that the applicant was not a good candidate for the program. The claims administrator did not, however, it is incidentally noted, incorporate cited MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In a December 31, 2013 progress note, the applicant reported persistent complaints of low back pain, depression, anxiety, psychological stress, and knee pain. 9/10 pain with without medications and 5/10 pain with medications was appreciated. Morphine, Norco, and topical compounds were renewed. The applicant was asked to continue home exercises. The applicant was placed off of work, on total temporary disability. It was stated that the applicant's attorney was trying to address the compensability of the applicant's mental health allegations. In a January 29, 2013 progress note, the primary treating provider noted that the applicant was pending a right total knee arthroplasty. Morphine and Terocin were endorsed. The applicant was asked to continue home exercises. On February 26, 2014, the applicant was again placed off of work, on total temporary disability. On March 26, 2014, the applicant's primary treating provider stated that his treatment was at a standstill owing to the fact that a request for MRI imaging of the lumbar spine of left knee had not been approved. The primary treating provider suggested that the applicant remain off of work. MRI imaging was

again sought, along with a psychiatry consultation and consultation to attend a functional restoration program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Consultation for Functional Restoration Program 9FRP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Programs (FRP) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program is evidence that an applicant is not a candidate where surgery or other treatments would "clearly be warranted" to improve pain and function. In this case, per the attending provider, the applicant is a candidate for a total knee arthroplasty, which is apparently pending and will transpire later in 2014. It is further noted that the applicant is pending psychiatric treatment. The attending provider, when seeking authorization for the functional restoration program consultation, also concurrently sought authorization for a psychiatry consult plus several psychiatry follow-up visits. Thus, it is possible that psychotropic medications may theoretically ameliorate the applicant's issues and potentially obviate the need for the proposed functional restoration program consultation. In short, it appears that the applicant is concurrently receiving various medical and psychiatric treatments which could generate improvements in pain and function so as to obviate the need for the functional restoration program and/or associated consultation. Therefore, the request is not medically necessary.